State Student Assistance Commission of Indiana Minority Teacher & Special Education Services Scholarship Program 2004-05 ACADEMIC YEAR APPLICATION

Please see the following page for information regarding the scholarship program, criteria, and procedures. If, the application is completed in Adobe Acrobat please *print*, then *sign and date* the application. *Send the completed application to the Financial Aid Department of the college or university that you will attend.*

Please complete in Adobe Ad	crobat, ty	pe or	print.									
Applicant's Name: Last First MI						Relative's Name: Last First MI						
Permanent Address:						Address:						
City:		State: Zi			City:	City:				State:	Zip:	
Home Area Code and Telephone Numbers:						Area Code and Telephone Numbers:						
Social Security Number:						Note: Applicant's Social Security Number is used as an identifier and will remain confidential.						
Please indicate your ethnic Black		Hispanio		Cauca	sian:	n: Other:						
group:						(Define)						
Which certification program are you pursuing?	Teaching: Phy		hysica	al Thera	ру:	Occupati	onal The	erapy:	Special	cial Education Teacher:		
Are you a graduate student working towards your first teacher					certif	cation?	Yes:			No:		
Applicant Agreement: I agree that the acceptance of this scholarship indicates that I plan to enroll on a full-time basis in one of the following certification programs: 1) Teaching, 2) Special Education, 3) Occupational Therapy, or 4) Physical Therapy. I understand that I may receive up to four (4) annual scholarships (if funds are available) but, I may take up to six (6) years to complete my program from the start of receiving the first scholarship. I agree to teach or practice in a field of Teaching, Special Education, Occupational or Physical Therapy, on a full-time basis. Teaching must be in an accredited Indiana elementary or secondary school for three (3) out of the first five (5) years following the completion of my first Teaching, Special Education, Occupational, or Physical Therapy certification program. Unless I have already completed a baccalaureate degree, my graduation will coincide with the completion of a teaching certification program. I agree to refund the scholarship if I do not fulfill my obligation to teach or practice in Indiana within the specified time period. I hereby authorize my college or university to release any needed information to the State Student Assistance Commission of Indiana. Applicant's Signature: Date Signed:												
Applicants please do not writ	te in the	sectio	n bel	OW.								
Name Of College/University:							Fede	Federal School Code Number (Title IV):				
Please place check mark in one of the boxes to the right to i student a renewal or first time applicant?				ht to inc	dicate	Is the		Renewal First Time Applicant:				
Print Name Of School Official: Signature						Of School Official:			1	Date:		

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State Student Assistance Commission of Indiana Minority Teacher & Special Education Services Scholarship Program, Criteria and Procedures 2004-05 ACADEMIC YEAR

Instructions

Please complete this application and **send it directly to the college or university that you will attend.** For a listing of eligible colleges and universities, their Federal School Code Number Title IV and to obtain their addresses visit our website: http://www.in.gov/ssaci/colleges. Each college or university will select its own scholars. Renewal scholars must reapply each year during their eligibility period. *Please note: Applying for the scholarship does not guarantee that you will be chosen to receive an award.*

Program

The Minority Teacher Scholarship was created by the 1988 Indiana General Assembly to address the critical shortage of Black and Hispanic teachers in Indiana. In 1990, the Indiana General Assembly amended the Minority Teacher Scholarship program to include the field of Special Education, and in 1991 the fields of Occupational and Physical Therapy were added to include therapists for schools and rehabilitation facilities. Scholars may receive up to four (4) scholarships (if funds are available) and, may take up to six (6) years to complete their certification program from the date of receiving their first scholarship. Because scholarships are not guaranteed renewable, scholarship recipients must reapply each year. Scholarships are non-transferable between colleges and/or universities.

The Minority Teacher & Special Education Services Scholarship program is administered by the State Student Assistance Commission of Indiana (SSACI) which is responsible for record keeping and for allotting funds to approved colleges and universities.

Criteria

Applicant must comply with the following:

- A minority student (defined as Black or Hispanic) seeking a teaching certification.
- A student seeking a Special Education teaching certification.
- A student studying for an Occupation or Physical Therapy certification.
- A student that is an Indiana resident and a citizen of the United States.
- A **full-time** student admitted to an eligible college or university.
- Complete and submit the Free Application For Federal Student Aid (FAFSA) form.
- Not be in default on a state or federally sponsored student loan.
- Meet all other minimum criteria established by the Indiana State Student Commission of Indiana.

Obligation

Individuals who are selected and accept the Minority Teacher & Special Education Services Scholarship are obligated to teach in Indiana or practice as a Occupational or Physical Therapist on a fulltime basis for three (3) out of five (5) years following graduation. If a scholar fails to fulfill their obligation to teach or practice in Indiana, complete the Teaching or Occupational or Physical Therapy certification program within the six (6) year period, or drops out of the Teaching or Occupational or Physical Therapy program he or she must refund all scholarship dollars received from the program. During the obligation phase it is the applicant's responsibility to provide their current name, address and their employer's name and address to the State Student Assistance Commission of Indiana.

Appeal Process

Scholars have the right to appeal the fulfillment of the teaching or therapist practice obligation. To appeal, the scholar must submit their request in writing, accompanied with documentation, to the State Student Assistance Commission of Indiana.

Contact Information

State Student Assistance Commission of Indiana 150 W. Market Street, Suite 500 Indianapolis, IN 46204-2879 317/232-2350 Office 317/232-3260 Fax http://www.ssaci.IN.gov/

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